

EPA I.D. Number (Enter from page 1) <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 100%; border-bottom: 1px solid black;"></div> </div>	Secondary ID Number (Enter from page 1) <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 100%; border-bottom: 1px solid black;"></div> </div>
XV. Map	
<p><i>Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.</i></p>	
XVI. Facility Drawing	
<p><i>All existing facilities must include a scale drawing of the facility (See instructions for more detail).</i></p>	
XVII. Photographs	
<p><i>All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).</i></p>	
XVIII. Certification(s)	
<p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>	
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print)	
XIX. Comments	
<i>Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)</i>	